

Case Number:	CM14-0023463		
Date Assigned:	05/12/2014	Date of Injury:	08/28/2009
Decision Date:	08/28/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/24/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The notes of 1/14/14 indicates pain in the neck that radiates into the upper extremities with numbness and tingling. There are chronic headaches. The low back pain radiates into to the lower extremities with numbness and tingling. The examination notes tenderness of the muscles with dysethesia in the C5 and C7 dermatomes. There is reduced range of motion in the lumbar spine. There is radicular pain in the lower extremities with radicular pain in the lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

NEUROTHERAPY X 10 SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24-25.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG), Low Back, Biofeedback.

Decision rationale: The medical records provided for review indicate chronic neck and low back pain. ODG guidelines do not support neurotherapy (biofeedback) for the treatment of chronic back pain or neck pain. Therefore, the request is not medically necessary.